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## COMMUNICATIONS.

### MEASLES, WITH NOTES OF OBSERVATIONS.

BY A. F. MYERS, M. D.,  
BLOOMING GLEN, PA.

Within the past year an epidemic of measles occurred in this community, and considering the number of years since a similar epidemic took place, one will not be surprised to find a great variety of cases, old and young, and with various complications and idiosyncrasies. In February, 1890, they made their appearance in our public schools, a regular hot-bed for propagation, and consequent depopulation. In less than three weeks forty individuals were affected by this troublesome affliction, and either high or low in station, they had to succumb, unless they had paid tribute to a former epidemic.

During the prevalence of this contagious exanthem, I took note of, and either directed or prescribed for 153 consecutive cases in private practice, of either a mild or more severe nature.

*Invasion.*—The onset of these cases was usually slow, with catarrhal symptoms preceding the fever. The characteristic early symptoms of the disease were intense nasal, pharyngeal and laryngeal catarrh, coryza, troublesome cough, occasionally violent headache and epistaxis, muscular soreness and irregular chills. Over one-third of the patients were distressed with an insatiable thirst. Redness and irritation of the conjunctiva and lachrymation was very distinct in over half of the number for a day, and in a few for even four and five days before any other signs or elevation of temperature became manifest. Many patients had a very moderate fever; however, using the clinical thermometer with every case noted, not a

single one occurred where fever was entirely absent, though it has been claimed by some observers that such cases frequently exist. The fever usually came on by the third, and in a few cases as late as the fifth day after the prodromic signs were noticed, followed by remissions, on the appearance of the eruption of a crimson color in the face and spreading over the body. The fever lasted from one to six days—with a few exceptions to the seventh and ninth, attaining its highest point in nearly every case at the fullest development of the eruption. Marked enlargement of the anterior cervical and sub-maxillary glands was noticed in twelve cases during this period.

*Temperature.*—The range of temperature was a matter of interest. Of the 153 cases observed, in 115 it did not rise higher than 103°; of this number only 14 did not reach 100°. Seven cases ranged at 103°, and in three families numbering 7, 6, and 8 patients respectively, together with 5 isolated cases, it extended to 104° and a fraction; and in three exceptional cases it rose to 105°, and in one to 105.5°. However alarming it seemed, all these patients who had such a high fever—and where other complications contributed largely to this dangerous rate—finally recovered.

*Eruption.*—In the eruption nothing unusual was noticed. However, having made this epidemic a special object of observation, I found 22 cases where I was enabled to recognize distinctly the approach of measles by a peculiar rose-colored punctation of the soft palate, the uvula, and the roof of the mouth, from eighteen to thirty hours before the rash made its appearance elsewhere.

*Incubation.*—The exact period of incubation I could not determine; but in 21 cases that were under personal observation three times a day, and in which I carefully noted the time from the exposure until the appearance of the eruption, it was at the thirteenth day in 17 patients. In one case it was dis-

tinctly noticed on the ninth, in two on the tenth, and one on the nineteenth day.

*Sex.*—The sex was noted in every case, and I found there were more females affected than males. There were 82 of the former and 71 of the latter. This proportion of the sexes is in harmony, however, with the ratio of the entire population of this community.

*Age.*—It will be noticed that the disease was most frequent between the ages of 6 and 10 years, higher than is generally found; but this may be accounted for by the fact that no similar epidemic had taken place for a number of years. My observations were as follows:

No cases under 7 months of age.

6 between 7 and 12 months,

19 " 1 " 3 years.

33 " 3 " 6 "

47 " 6 " 10 "

24 " 10 " 15 "

18 " 15 " 20 "

4 " 20 " 25 "

1 at 28 years.

1 at 35 "

*Complications.*—Of the complications that usually exist with or succeed this disease, the following will be briefly noted. Of the entire number, 128 were simple cases, and 27 complicated. The complications were: bronchitis, 16; convulsions—all in the early stage of disease—4; laryngitis, 3; pneumonia, 4; dysentery, 1; entero-colitis, 1; acute Bright's disease, 1; stomatitis, 2; otalgia, 1.

In this enumeration several cases are referred to twice. In no case was measles conjoined with any other eruptive disease.

*Prognosis.*—The prognosis was favorable in all the simple cases, every patient regaining the former excellent health. Of the 153 cases noted, only two terminated fatally. The unfavorable cases and the attending circumstances may be briefly stated.

*Case 1.* The first death occurred in a boy seventeen months old. The first signs of ill health were repeated convulsions for a half day. A brother having just recovered from this disease, it was surmised what was coming. I was called at this time and found the child having another spasm, continuing for over twenty minutes; the respirations were 40 to 43 per minute, the pulse-rate 135 to 140; the temperature in the axilla 105°; the child very restless; the skin hot and dry. The patient urinated frequently, but the urine was scanty. There was no appear-

ance of an eruption. At short intervals during the intermission of the convulsions, the child would sit up and ask for water, and drink small quantities with an apparent relish. It answered questions and was evidently rational for a few minutes, when it would suddenly relapse into another fit. It continued in this manner during the following night. In the morning I found all the symptoms aggravated, continual convulsive movements, dyspnoea, 60 to 65 respirations a minute, and pulse fluctuating between 165 and 170 per minute. Bronchitis had developed during the night; and by mid-day a paroxysm of cough ended the scene. Permission for an autopsy had been refused.

*Case 2.* This patient was a girl eleven years old, with the eruption fully developed when I first saw her, complicated by an attack of catarrhal bronchitis. This patient had bad hygienic surroundings; the house was situated on a low, marshy bottom, with water in the cellar and the rooms very damp. As the eruption faded, catarrhal pneumonia set in, with a temperature fluctuating between 103° and 104.5°, rapid and laborious breathing, prolonged and noisy expirations, dry, painful cough, which had been loose during the bronchitis. Expectoration was now muco-purulent, the urine was scanty, and slight diarrhoea followed. In spite of all that I could do, this case proved fatal on the fifth day from the time that I first saw it.

*Sequelae.*—All the patients have been under observation since their illness, and all fully recovered promptly, with the exception of the case complicated with otalgia, which became protracted, but by persistent attention for over a month, the inflammation in the middle ear disappeared, with hearing fully restored.

*Treatment.*—I will simply state that no routine treatment was followed, nor, in all cases, the advice usually given. I claim nothing original or novel in my procedure. The extensive administration of cold water and the various uses made of it for reducing the temperature and bringing out the eruption, is my excuse for bringing this subject to the attention of the profession.

In the management of this disease strict attention was given to the hygienic surroundings of the patient as much as the various inconveniences would permit. With a few exceptional cases this condition was very favorable. The temperature of the rooms was maintained as near as possible between 65° and 75° continually, to avoid overheat-

ing as well as chilling the body. The sick chamber was properly ventilated and shaded from bright light, to afford comfort to the eyes. Of the 122 cases having the simple form, 13 were not confined to the bed, but, being well clothed, were allowed the freedom of the room. The rest were comfortably covered in bed. Amusement was permitted in the simple cases if desired.

During the febrile period light diet was ordered, consisting of water and milk, crackers, or bread soup and tapioca. Later, as the eruption disappeared, light broths, toasts, soups and oranges were allowed. The drinks consisted of cold water, in abundance but in small quantities and frequently given. I gave cold water freely to allay the insatiable thirst; even iced water was exhibited in several cases, but in frequent small portions. Cold lemonade, orangeade and other cooling drinks were allowed *ad libitum*. To give very large draughts of cold water at once is injurious; it will frequently cause violent gastric pain and vomiting, followed by other unpleasant symptoms.

Where the temperature was very high, the skin dry and hot, and the patient often suffering from fever-pains, with a tardy appearance of the eruption, a careful sponging with cold water was very agreeable and highly beneficial, followed by a gentle rubbing with a dry towel. After it was once tried, the patients frequently solicited its repetition. In several cases where friends protested, I used only tepid water, with good results. The reduction of temperature was phenomenal in some cases. Using the thermometer, I noted four cases where it declined two degrees in one hour's time. In three cases where the eruption was tardy and there was high fever, a warm bath for about twenty minutes also accomplished our design. In no case did any unpleasant symptoms follow.

Diaphoresis, and the action of the kidneys, was carefully looked after. No patient was permitted to suffer, however, for the want of the proper medicinal treatment if indicated. No partiality was shown to any means or method.

In eighteen cases of high fever, I applied ice to the head for a few minutes at frequent intervals, by means of an ice-bag, to relieve the throbbing pains. Three cases of convulsions, in the early stage of the disease, were treated similarly together with a warm bath, until the convulsions ceased, with gratifying results.

In the fatal case of the boy cited above, much to my regret, neither of these plans was made use of.

The account of the medical treatment will be abbreviated. Of the simple form, 76 cases received no medicinal treatment except syrup mixtures of wild-cherry, scilla or ipecacuanha, for the relief of the incessant, dry, scraping cough, in such proportion as was indicated. For constipation, in the more severe cases, I prescribed an emulsion of castor oil or spiced syrup of rhubarb, according to age. As a diaphoretic, sweet spirits of nitre was used in twenty-four cases; and to control the diarrhoea, bismuth subnitrate and Dover's powder, or a few doses of camphorated tincture of opium as necessary. For six cases of high febrile reaction, citrate of potash, spirits of nitre and tincture of aconite was administered. For the conjunctival inflammation, a warm-water lotion was frequently used. The local use of vaseline afforded great relief where pruritus existed during the decline of the eruption, or where any desquamation followed.

The remarks on the treatment of the complications will be brief. Absolute rest and quiet was enforced in this class of cases as long as was deemed necessary. Bronchitis was from the onset treated with supporting measures. The diet was of the most nutritious sort; febrifuges, expectorants and external applications were used as indicated. The cases of pneumonia were treated according to the general principles given in the text-books. From the other complications, all recovered under the common treatment in vogue for such diseases. Only six patients required tonic treatment for a week, as a result of the complications.

### TREATMENT OF DYSENTERY.<sup>1</sup>

BY D. H. BERGEY, M. D.,  
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During the month of July I had a number of cases which so closely resembled dysentery that, for want of a more appropriate term, I called them by that name; yet in severity, and possibly in the course of the disease, they differed somewhat from dysentery. I also experienced some difficulty in giving relief to several of these patients

<sup>1</sup> Read before the Montgomery County Medical Society, September 24, 1890.



by the use of the ordinary remedies. This difficulty led me to make use of a combination of agents which gave me good results, and has given equally good results in undoubted cases of dysentery since; and has led me to change my views with regard to this disease.

We are taught to regard dysentery as being primarily an acute inflammation involving the mucous membrane of the large intestine, which various authorities have attempted to trace to a bacterial origin. This theory I consider fallacious, because the micro-organisms so far found in the dejections in this disease have all been frequently found in the mouth of healthy persons where their presence was not accompanied by any pathological conditions. The bacterial origin has been exploded, unless we recognize that of *Kartulis*, which recently received some confirmation through Prof. Osler. Yet even these organisms, the *Amœba Coli*, are denied this distinction by Baumgarten.

I consider the causative element in dysentery to be an arrest of the secretion of bile, and possibly also of the pancreatic juice. I think you will grant that this theory is not unfounded, when you consider the absence of the characteristic odor and color of the dejections in dysentery. This color and odor we know to be due to the bile and to certain elements resulting from intestinal digestion.

The absence of these two characteristics in the dejections in dysentery is the most prominent diagnostic point; even more so than the presence of mucus and blood; and in the treatment of this disease the return of the natural coloration and odor of the feces, and hence the presence in them of bile constituents and the products of intestinal digestion, is the first indication that convalescence is being established.

In the cases of which I have spoken I tried ipecacuanha according to the Brazilian method of treatment, without obtaining very gratifying results. The salicylate and the subnitrate of bismuth, either alone or in combination with Dover's powder or opium, had no effect. Salines were tried in several cases without avail. Repeated doses of castor oil and laudanum gave partial relief in some of the cases where tried. Minute doses of calomel had little effect. These unsatisfactory results led me to employ an elixir, the principal agents in which were ox-gall and pancreatine. The absence of

the natural coloration and odor of the feces led me to believe that the disease must have some connection with the functions of the organs furnishing these secretions; and I was led to supply their secretions artificially. The results were very gratifying. In from twelve to twenty-four hours the characteristics, which were absent heretofore, returned and the tenesmus abated, and mucus and blood were no longer present in the dejections.

I am led to believe that dysentery is due, primarily, to an arrest of the secretions of the liver and pancreas, which allows putrefactive changes to take place in the intestines, and that these putrefactive elements are the sole cause of the inflammation. The lesions, it seems to me, may be looked upon as the result of the fermentation going on, because of the absence of bile, the normal antiseptic; the lesions prolonging the disease and offering a habitat for the bacteria.

This condition, therefore, calls for antiseptic treatment, and we fortunately have, as proven by Limbourg, an efficient antiseptic in the biliary elements contained in the ox-gall, which takes the place of those secretions temporarily absent. Bile is also the best cholagogue. That it is cathartic in its action, is shown at once by the diarrhoea which accompanies excessive secretion of it, by the constipation which is ordinarily present in congestion of the liver; and by the purgative properties of ox-gall when given in sufficient doses. It seems to produce its purgative action by stimulating the secretion of the intestinal and pancreatic juices and by increasing the peristaltic action of the intestines.

In pancreatine, we have an active agent bringing about the natural decomposition of the chyme, thus rendering it rapidly assimilable; it therefore is a most important agent in the restoration of the natural functions of the liver and of the organs of assimilation, and therefore of the entire economy. The presence of fatty particles in the dejections of this disease shows the absence of the pancreatic secretion, since it is its office to emulsify fats in the presence of bile. These two agents are assuredly those whose absence allows the putrefactive changes to take place in the intestines, and thereby brings about such violent attacks of inflammation of the mucous membrane of the large intestine, with its concomitant constitutional conditions—fever and prostration. It seems to me more than probable,



therefore, that the violent inflammation, at least in the simple form of this disease, is due altogether to an irritation set up by these putrefactive elements and that the disease is due primarily to an arrest of secretion in these two organs.

To further substantiate this conclusion, I may mention the fact that we have a gastrointestinal catarrh accompanying cirrhosis of the liver, and here we have at least a partial arrest of the secretion of bile; while, when there are cysts of the pancreas, we have fatty matters in the dejections, colic-like pains, and frequently bloody stools. When, as in dysentery, the secretion of both of these organs is checked simultaneously and suddenly, as it is possible for it to be, by continued high temperature followed by cold and dampness, or by whatever cause, it is not necessary to stretch our imagination very much to picture the resulting conditions. There is really a constipation existing at the time, the dejections being composed largely of mucus and blood from the large intestine alone. The tormina and tenesmus may be looked upon as largely due to ineffectual efforts on the part of nature to unload the bowels.

We have thus far experienced considerable disappointment in the treatment of dysentery, and it seems proper to conclude that this disappointment has been due to the fact that the true causes leading to this affection have been overlooked. I believe that when we come to regard this condition in its true light we shall meet with far more gratifying results.

In the majority of cases it is preferable to preface the treatment of dysentery with a large dose of ox-gall, or other cathartic, as castor oil, to unload the bowels. When this is done, my experience leads me to predict that from twelve to twenty-four hours' treatment with ox-gall and pancreatine will suffice to re-establish the normal secretions, and to establish convalescence.

Should the tormina and tenesmus continue after the dejections assume their normal color and odor, a few injections of bichloride solution with starch-water will be followed by almost immediate relief.

This has been my experience with acute dysentery during the present season. Though it may seem fanciful to some of you, I trust you will not hesitate to try this mode of treatment in dysentery.

I have given both of these agents together in pill form and in the form of an elixir,

from one-half to one grain of the ox-gall and from seven to fifteen grains of the pancreatine, every three to six hours. I have also given the ox-gall alone, in pill form and in capsules, and the pancreatine in the form of a simple elixir.

### MEDICAL TREATMENT OF PERITONITIS.<sup>1</sup>

BY W. S. WASHINGTON, M. D.,

NEWARK, N. J.

Peritonitis was not raised to the dignity of a disease until about the beginning of the present century, and during that time its treatment has undergone many variations.

The earliest authors give copious general and local depletion, and mercurials, as the treatment. Some of them, however, used purgation, though it does not seem to have been at all popular, and we only occasionally read of it.

We find no mention of opium until about 1820. From that time till 1830, Graves and Stokes used it in large doses in perforative peritonitis, but no mention is made of its use in other forms of the disease. Sir Thomas Watson, in his classical lectures delivered in London, speaks of the profound impression made upon his mind by these reports. He himself gives rest, venesection and opium as the three main remedies to be relied on. Sir Thomas disapproved of purgatives. Dr. Alonzo Clark, about 1840, was the first to begin the systematic use of large doses of opium in all forms of peritonitis. He put his patients in a condition of semi-narcotism and kept them in that condition until the inflammation subsided. It is inconceivable, however, that the enormous amounts administered could all have been absorbed. No purgatives were allowed, and the bowels were kept confined as long as two weeks if necessary.

Dr. Austin Flint advised much the same plan of treatment, especially disapproving of purgation. Dr. George B. Wood, in the fourth edition of his work on *Medicine*, published in 1855, gives copious bleeding as the most important remedy; then came five or six grains of calomel, followed by castor oil or Epsom salts. Next in order was from fifty to one hundred and fifty American leeches, followed by opium and mercury to pytalism.

<sup>1</sup> Read at the meeting of the Practitioners' Club.

While Dr. Wood deprecated anything which tended, as he thought, to produce continued friction of the inflamed serous surfaces of the intestinal convolutions, he deemed it proper to procure one or two soft evacuations daily by the use of Seidlitz powders, Epsom salts, Rochelle salts, infusion of tamarinds with cream of tartar, castor oil, or castor oil with oil of turpentine. Dr. Wood did not advise or use large doses of opium. Baer, in Ziemssen's *Cyclopadia*, recommends ice in the outset, to withdraw heat and allay pain. He believes cold lessens the hyperemia, reduces nervous irritability and spasmodic peristaltic action. As soon as the muscular action of the intestines and blood-vessels is paralyzed by distention and pressure, the ice is exchanged for heat. The next remedy, according to him, is opium. He says the use of cathartics is completely given up. For the relief of tympanites, the rectal tube and puncture of the colon are employed, though both are admitted to be of very limited value. Wardell, in Reynold's *System of Medicine*, says our best ally is blood-letting. Then come leeches, hot fomentations and opium. Purgation means increased irritation. Dr. Henry Hartshorne, of Philadelphia, entirely agrees with Wardell. Dr. Ross, in the *Reference Hand-book of the Medical Sciences*, after speaking of local depletion, says opium is the drug most relied on, and that it should be given in full doses. The bowels should not be disturbed by cathartics or enemata until all active symptoms have subsided. Bartholow recommends leeches, the ice-bag until there is exudation, then heat, and morphia and atropia hypodermically.

Other authors have advocated similar treatment. Of course other remedial measures were used as adjuvants, but the foregoing represents the principal methods of treatment used until the last few years. I believe we are indebted to the gynecologists for a system now advocated by a large number of medical gentlemen, and known more distinctively as the purgative treatment. Under this method active purgation is employed and opium is used as little as possible or not at all. Pain and tympanites are two distressing symptoms of peritonitis. Opium will relieve pain but not tympanites. Purgatives, more especially saline purgatives, will relieve both. Epsom salts, which I prefer, does not act by increasing the peristaltic action of the intestines, but it produces a watery movement by osmosis from the

blood-vessels of the peritoneum and intestines. That it does increase the amount of water in the intestinal canal has been proved by placing a solution of magnesium sulphate in a knuckle of intestine. On examination made some time afterwards an augmented quantity of fluid was found.

Among those who speak of the use of purgatives with approval is Lawson Tait, of Birmingham. He was among the first, if not actually the first, to use them, and his preference is for salines.

Dr. Nancrede, professor of surgery at Ann Arbor, Michigan, advises the use of salines in the peritonitis preceding and following appendicitis. Dr. Gordon, of Portland, Maine, in a report of a number of cases of peritonitis of various kinds in women, says: "I think the first and most important therapeutical resource is free catharsis from salines, preceded sometimes by the calomel triturations, if the stomach is irritable. If these fail to act promptly, I supplement by an enema of a concentrated solution of Epsom salts. I find the following formula effective: Magnesia sulphate,  $\mathfrak{z}$ ij; boiling water,  $\mathfrak{f}\mathfrak{z}$ ij; glycerine,  $\mathfrak{f}\mathfrak{z}$ l. It acts promptly and thoroughly, stimulating the entire intestinal canal, producing profuse watery discharges, and rapidly reducing temperature and relieving pain. Opium should be withheld unless the pain is intolerable. The enema alone often completely aborts the attack."

Dr. A. M. Jacobus, instructor in gynecology in the New York Polyclinic, says: "Peritonitis, even the so-called idiopathic form, if there be such a thing, is necessarily a serious disease; but when the patient has not only to fight it, but the non-operating opium poisoner, it means certain death in a large percentage of cases. Opium has had its day as a cure-all, and it seems now only a question of what kind of a laxative we shall use. I have seen several instances of general and pelvic peritonitis in which it appeared certain that without free catharsis the patient would have died from cardiac or respiratory paralysis, from the excessive tympanites or from septicemia in purulent cases. In several instances of obstructive peritonitis, when Seidlitz powders failed and there was excessive tympanites, an ounce of castor oil in hot milk saved the patient from certain death. We use cathartics in the inflammatory intestinal diseases of infants, and in general inflammations elsewhere as revulsives, then why not in peritonitis with effu-

sion, whether septic or not? Whether in operative cases or not opiates should be used as little as possible; but, on the other hand, saline or vegetable cathartics, followed by enemata should be used from time to time to relieve the inflammation, tympanites, pains and fever, and especially to drain the peritoneal cavity of serous or purulent effusions." Dr. W. Gill Wylie, of New York, advises and uses cathartics in peritonitis, preceding and following laparotomy for various causes. Dr. Baldy, of Philadelphia, expresses himself as follows on this subject: "The peritoneal cavity is drained of the products of inflammation; the inflamed surfaces are relieved of all engorgement by a thorough depletion of the vessels in the intestinal walls; the inflammation is most effectually stopped; the pulse and temperature almost immediately improve; and the pain is relieved as quickly as can be by the use of opium. This may seem strange, but it is a clinical fact."

Dr. John H. Musser, Assistant Professor of Clinical Medicine in the University of Pennsylvania, has reported over twenty cases of various forms of peritonitis, many of them very severe, treated after the following method. Local blood-letting, until pain is very much relieved. If in progress more than forty-eight hours, a large blister, followed by hot applications; liquid diet absolutely; stimulants to prevent collapse, to lessen its severity and to prevent tympany; sips of hot water or hot whiskey and water for vomiting; calomel in small doses hourly until the bowels are moved, and if no relief is obtained it is pushed to ptyalism. If the patient is seen early, aconite is given to children, veratrum viride to adults, until the pulse-rate is lessened. Morphia and atropia are given in small doses as infrequently as possible to control pain; twice daily often suffices. If morphia disagrees, codeia is to take its place. If the bowels are not opened in forty-eight hours, one pint of sweet oil is given by enema, followed by an enema of tepid water. Dr. Musser considers it of the utmost importance that the bowels should be opened. In threatened collapse, active stimulating medication is employed by subcutaneous injections. It will be observed that Dr. Musser employs local depletion, calomel, blisters, etc., which are not new, but at the same time it will be noted that he reduces opium to the smallest possible amount. Although in this summary of his treatment no mention is made of salines,

yet in the detailed report of cases, one is recorded as having been relieved by them. The treatment of these cases by Dr. Musser was eminently successful.

Dr. Emory Lanphear, editor of the *Kansas City Medical Index*, gives his unqualified support to the saline purgative treatment, and reports a number of cases, some of which were treated by opium and others by salines. The results were startlingly in favor of the latter. Dr. Maxson, of Hartford, Kansas, Dr. Lanphear's preceptor, has treated peritonitis by salines for the past twenty years. He believes they unload the turgid blood-vessels and relieve the impeded circulation of the abdominal viscera and peritoneum; that temperature and pulse rapidly lessen in frequency; and that pain disappears almost as quickly as by the use of opium. In the second stage, he uses small doses of salines with tincture of belladonna and a limited amount of opium to relieve pain, sustain the heart and prevent shock.

In the past three years a large number of gentlemen have reported cases and testified their faith in the new method. It seems to have gained a secure footing, and it will eventually displace the old opium treatment. I entirely agree with the views of the different ones I have quoted in its favor, and can confidently recommend it to those who have not as yet had experience with it. In closing, I will report the following cases.

*Case 1.* One of general peritonitis. The immediate cause was sitting on cold door-steps in front of a boarding-house late at night; the remote cause was a previous peritonitis. The patient, a woman, was of a bilious habit, and had much nausea during the whole of her sickness, which was relieved by calomel. Saline purgatives, in the form of magnesia sulphate, promptly relieved pain and tympanites, being used as often as required. Sometimes they would be given daily, at other times an enema took their place. Turpentine stupes were applied to the abdomen and liquid diet was given. One-eighth grain of morphia was administered as required; on some days none was given, on other days two or three doses would be given. The woman made a perfect recovery, and after the first three or four days was not considered dangerously sick.

*Case 2.* One of local peritonitis accompanying salpingitis. The patient was promptly relieved by purges of magnesia sulphate. The deodorized tincture of opium was given for pain and flannels wrung out



of hot water were applied to the abdomen. Very little opium was required or given, and recovery was satisfactory.

*Case 3.* One of local peritonitis following child-birth. Magnesia sulphate relieved immediately, and but one dose of one-eighth grain of morphia was needed. Although puerperal mania developed within a few days, the peritonitis disappeared without further trouble.

### CYSTOMA OF JAW.

BY THOMAS H. MOORE, D. D. S., M. D.,  
PHILADELPHIA

Mr. I., 46 years old, presented himself at my office, having a tumor involving the left half of the inferior maxilla. The growth, he says, began several months prior to his coming for treatment, and had attained considerable proportions. The cyst extended from the angle of the jaw almost to the median line at the symphysis. The swelling was first noticed upon the lingual portion of the jaw, opposite the second inferior molar. It gradually increased in size, and then made its appearance upon the buccal surface and extended anteriorly and posteriorly, involving nearly the whole left half of the jaw.

No reasonable doubt can be entertained but that the teeth are, in most cases, the primary cause of such mischief. But the question of the precise manner in which the morbid conditions are developed is more difficult of solution. There is no disputing the fact that foreign bodies, such as the apices of teeth, broken off during extraction, or small spiculæ of bone, attracting a serous fluid around them, finally become encapsulated or encysted and gradually extend to great proportions.

Cystic tumors of the inferior maxilla are by no means of common occurrence, and present especial features, such as slowness of growth, absence of severe pain, glandular involvement, or constitutional impairment, except such as attends any tumor interfering with mastication or deglutition. The manner of discovering their true nature is by the aid of the exploring needle. In the present case I wish to say that the patient, being possessed with a very fine set of natural teeth, none of them being devitalized, imagined they could be used for almost any purpose other than that for which they were

intended. He placed a hard shellbark between the two second molars of the left side of the jaw, and cracked it. Immediately after he experienced a slight pain in the lower tooth. This was evidently the cause of the formation of the tumor. The excessive pressure upon the cancellated bone injured the endostium, producing an effusion, and that is what formed the nucleus for an extended, but slow, inflammatory action, with the consequent results.

Obviously, there is but one sort of treatment for these tumors, and that is surgical. When they have not extended or reached to such proportions as to completely destroy the contour of the bone, I make a free incision, to evacuate the contents. In the case being described this consisted of a dirty, bran-like substance, mingled with a glairy, blood-stained fluid. I made a further examination with the exploring needle, and discovered another but smaller cyst posterior to the one just opened, and having its connection by a small sinus opening into the first one. I evacuated its contents also, and proceeded to wash out the cysts with tepid water. I then injected a stimulating solution of dilute tincture of iodine, and packed the cavity with gauze, which I renewed, repeating the injection of dilute iodine for a few days, until complete closure was accomplished. No internal medication was required in this case.

### REPORTS OF CLINICS.

#### BUFFALO GENERAL HOSPITAL.

SURGICAL CLINIC—PROF. ROSWELL PARK.

#### Tubercular Gumma, breaking down into Cold Abscess.

Dr. Park said the patient, a young compositor, asserted that two years ago a swelling had occurred on his wrist without much pain or redness of the skin. After applications of iodine, vigorous handling, etc., it enlarged. A year ago he noticed a thickening and softening of the palm of the hand with a peculiar sensation. When he pressed in the middle of the hand there was a bulging of the tumor above the wrist. This phenomenon persisted about six months. The swelling of the wrist is about 2½ inches in diameter, considerably elevated, with a red-

dened surface, and looking very much as if there was an acute abscess, but without heat and with no particular pain; so that the idea of acute abscess can be dismissed. The boy is more or less emaciated and, in time past, he has been worse than at present. He has a cough and looks phthisical. He is not a type of the scrofulous diathesis, and probably is not phthisical at present; though he is on the point of becoming so. The trouble about the wrist may be cold abscess, that is, tubercular abscess, or a tuberculous or syphilitic gumma—new formations of the type of infectious granuloma—or a cystic or solid tumor. Leprosy need not be considered in this part of the country. There is no history of syphilis. It cannot be a malignant tumor; for if it were it would have spread more in the last two years, and it would have become firmly seated and immovable, through the contraction of adhesions to surrounding parts. The patient can move his fingers freely.

A cyst or lipoma would fluctuate as this swelling does, but the skin over them would not be red. A fibroma would be firm and hard, and it, too, would not be covered by a reddened skin, unless it were on the point of ulcerating. The diagnosis is narrowed down to tubercular trouble—either a gumma or a gumma broken down into a cold abscess. It probably began in the cellular tissue between the skin and the deeper parts, and it has probably formed adhesions to the sheaths of the flexor tendons. The exposure of the tendons is a serious thing because the new formed cicatricial tissue will lash the tendons down.

A synovial sheath filled with fluid is called a hygroma, and this is the condition in the palm. Sometimes a hygroma contains not only fluid but little solid masses apparently due to precipitation from the fluid. A hygroma may be considered a special form of "cysts by distention of previously existing cavities." The solid bodies may be of the size of millet seeds or even as large as beans. The average size is about that of a grain of rice, and they are often called rice-grain bodies. Very little is certainly known of them. They consist almost entirely of fibrin and are probably formed by the rolling into masses of fibrinous matter in the hygroma. This condition is probably quite independent of the tubercular gumma of the wrist.

Dr. Park then laid open the tumor on the wrist and considerable fluid and puruloid

matter and masses of coagulated lymph were evacuated. The pyogenic—or, as Dr. Park prefers to call it, the *pyophylactic*—membrane was peeled off, preserving its sacculated appearance. The curette was then used. Both during the operation and during the dressing, rigid antiseptics was carried out. Sometime before the operation the wrist was shaved and scrubbed and enveloped in an antiseptic bandage.

## NEW YORK CORRESPONDENCE.

### MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

*President's Opening Address: Medical Examiners.—Cystoscopy.—Holt's Divulsor.—Sarcoma in Brain.—Discussion on Refraction.—Appendicitis.—President's Annual Address: Education of Girls.—Experiments with Koch's Lymph.—Gynecology.—Electrical Treatment.—Election of a President.*

The eighty-fifth annual meeting was held in Albany, February 3, 4 and 5, 1891, with Dr. W. W. POTTER, of Buffalo, as President. This meeting was, as usual, well attended by delegates from all parts of the State and by invited guests.

The President, in the course of his opening address, congratulated the Society that the State was now near the realization of its long-desired deliverance from the thralldom of a system which had, more than all other causes, retarded the progress of medicine. A State medical examining Board would come into power this year. The right to grant medical diplomas was now divorced from that of the license to practice. The medical colleges were all bound by the provisions of the new law to give three full courses of medical instruction in different years before granting diplomas, since candidates would not be admitted to the examination for license with less preparation. It was more than possible that the effort would be made to weaken the law by amendment, or to have it repealed. He urged that the law as it now stood should be accepted loyally. If, on due trial, it should be found to contain defects they could be remedied as experience showed their existence.

DR. WILLY MEYER, of New York, in a

paper on the progress of cystoscopy in the last three years, gave the histories of some very interesting examples of the great advantages which had been derived from the use of this instrument in determining many points, by actual observation, of the processes going on within the bladder which proved of signal service in the indication for treatment. The author had demonstrated to his own satisfaction that cystoscopy was an easy and harmless examination, but that its successful employment required experience. In all kidney or bladder disease it might be practiced repeatedly if necessary, before operative interference for diagnostic purposes was undertaken. It should be performed as a *dernier ressort* after all other known means for making a diagnosis had been exhausted. If properly applied cystoscopy would clear up uncertainty in an obscure disease of the bladder. In most cases we could determine with the help of electric illumination of the bladder whether we had to deal with disease of the bladder or of one of the kidneys. We should soon be able with the instruments now in process of perfection to catheterize the ureters and gather the urine from each kidney separately. These facts would tend to make superfluous a preliminary section or a perineal invasion for diagnostic purposes.

DR. F. R. STURGIS, of New York, made a plea for the advantages which he contended the Holt's operation by divulsion of the urethral strictures possessed over internal urethrotomy. It was well known that even fatal hemorrhages occurred as a sequel to the latter method. Since adopting rapid dilatation he had never had an instance of hemorrhage uncontrollable by cold or septic injections. By Holt's method the occurrence of severe chills was avoided, in fact he now deemed it unnecessary to take precautions against this accident. Septic complications he had never known as the direct result of rapid divulsion.

DR. D. LEWIS said he had got quite accustomed to patients coming to him from the urethral operator with their boots full of blood, and then it took as long to get them into shape as it would have done to cure the stricture by gradual dilatation.

DR. L. C. GRAY narrated an interesting case of paralysis of the motor and muscular senses involving the upper and lower extremity of one side, in which the symptoms had been rapidly developed and in which a diagnosis had been made of tumor of the

centrum ovale. At the autopsy a round-cell sarcoma about the size of a hickory nut was found about one-fourth of an inch beneath the cortex at the junction of the leg and arm centre of the posterior central convolution. Dr. Gray considered this case unique in view of the rapid growth of the lesion, as indicating the exact localization of the muscular sense.

DR. ST. JOHN ROOSA, in a paper on the causes of asthenopia, denied the existence of a perfectly normal refraction. The emmetropic eye was not known in the human race, unless as a rarity. It was absurd to attempt the cure of asthenopia by tenotomies upon the ocular muscles. All the causes of this condition, excepting in those cases which were congenital and resulted from irregularities in the development of various diameters of the eyeball, were to be looked for in abnormal states of the nervous system.

DR. NOYES emphatically opposed this view and believed that muscular insufficiencies might often be found and treated by prisms or operation and the existing asthenopia thereby benefited or cured.

An entire session was devoted to the subject of appendicitis. DR. C. MCBURNEY said that clearly-defined rules as to when a case of appendicitis might be left to medical treatment alone could not be laid down. It might be laid down as a rule with but few exceptions that the indications for advancing disease could be clearly made out by the end of thirty-six hours, if an early diagnosis had been made and this had been followed up by subsequent careful examinations. Significant symptoms at this period offered the necessary indications for operation.

DR. ROBERT F. WEIR said he had been obliged to modify his opinion of a year ago. He now believed that intermediate laparotomy or operation in the quiescent stage in recurrent cases might be done where the patients were debarred from the enjoyment of life or the ability to earn a living.

DR. A. VANDERVEER, of Albany, considered that the care of cases of appendicitis, so far as the physician was concerned, consisted in an early diagnosis, and that then it became his duty promptly to share the responsibilities of the case with the operating surgeon until surgical interference had been decided upon or negated.

THE PRESIDENT, in his annual address, discussed the problem of the education of girls. In the course of his remarks he said that the sexual system was the pivotal part of wo-



man's organism, and when disordered or diseased the pernicious effects of such derangements pervaded her whole being. The reproductive organs were in ultimate relation with all the other organs, through the ganglionic system and with the brain through the cerebro-spinal system. At puberty and sometimes before, as well as after, the nervous element was dominant in the female economy, and these two systems, the sexual and nervous, acted and reacted upon each other with a complexity difficult to comprehend. Now if the nervous supply to the sexual system was received from an overtaxed and badly-nourished brain, it was but reasonable to anticipate disturbance of the functions of the latter. The essence of many of the diseases which afflicted young women lay, not in the reproductive organs in the beginning, but in faults incident to imperfect hygienic surroundings, faulty alimentation, overwork in study, and a variety of causes which operated banefully at a time when, by the predomination of the sexual sphere, the local expression of the fault was referred to the sexual system. He would have young girls taught the importance of eating good, plain, nutritious food, and above all, the necessity of eating a hearty breakfast. Too many young women had grown up to regard it as vulgar to indulge the appetite at the morning meal, and had been allowed to cultivate the habit of mincing and sipping at a few dainty dishes or had been permitted to go without breakfast altogether. It had been said that a woman's physical beauty was in direct proportion to the amount of beefsteak and mutton chops she could consume at this meal.

Elaborate reports were made in a series of carefully-prepared papers by a number of physicians, upon whom have devolved the initial experiments with Koch's lymph in New York and elsewhere.

It would be superfluous to go over the ground of evidence and information, the details of which are already graven upon the mind of every inquiring physician in the land. Expressed as a simple equation, it would appear that with the exception of lupus, and some cases of laryngeal tuberculosis, which are so far reported cured or greatly benefited, the lymph has failed as yet to realize the overwrought expectations which characterized its reception as a specific therapeutic agent. It was, however, calmly stated that the time had not come when a final opinion could be demanded, and that

to the best of the belief of the various experimenters, the agent would yet prove as powerful, from a remedial point of view, as it was now shown to be in determining the existence of tuberculous tissue within the human organism. It was also conceded that to Koch would belong the honor of ushering before the medical profession a therapeutic principle pregnant with possibilities, the importance of which was beyond prophecy.

In the course of a long session devoted to the subject of gynecology Dr. McMURTRY, of Louisville, stated that when a patient presented the history of recurrent attacks of pelvic inflammations it was at once indicative of leaky tubes. In such event the only treatment was by abdominal section. It was amazing to see with what reluctance the medical profession had come to accept this great advance in pelvic surgery. Even now, when masses of suppurating tubes and ovaries were dug out of the pelvis in the midst of virulent peritonitis, and the patients were saved from an hitherto fatal condition, many eminent members of the profession stigmatized the procedure as the castration of women. So far as he was aware surgeons operated upon the female pelvis for local disease only and never with the idea of affecting a cure of reflex disturbances and obscure symptoms.

In a discussion as to the value of electricity as a remedial agent in the treatment of uterine tumors Dr. ROSS, of Toronto, expressed the opinion that electricity was fast losing its fashionable favor and that the battery was walking in the footsteps of the spray; still it might remain of use to the profession in a variety of ways. Dr. GILL WYLIE thought that electricity as a destructive agent to the tissues of the tumors was practically of no influence. If used to stop hemorrhage it must be employed in such strength as to act as a cautery. It was important to avoid any form of treatment which would leave a scar in the uterine tissues, which would be liable to close up the glands and follicles, thus interfering with normal secretion and setting up a train of reflex symptoms. He considered the use of electricity as dangerous as that of operative procedures.

Dr. A. W. SUTER, of Herkimer, was elected President for the ensuing year.

—Picrotoxine, the active principle of *cocculus indicus*, is considered by Bokai as the best physiological antidote for morphine.

## PERISCOPE.

### The Koch Treatment in Vienna.

The correspondent of *The Lancet*, January 31, 1891, says: Koch's second publication has caused considerable surprise in medical circles, and especially the first passages of his paper in which all the publications made by clinical observers on the action of the remedy were ignored. Recollecting the statement of Minister von Gossler, that the preparation of the remedy could not be described (a unique statement in view of the great advancement of natural science), the physicians were somewhat astonished by the simplicity of the preparation of Koch's liquid, the more so as Koch was found to be following the directions initiated by Pasteur's school, and by the works of the late Dr. Wooldridge, Hankin and others, without mentioning even the names of his scientific predecessors. It must be assumed that Koch's second publication has not been less premature than his first one, and that it has been provoked by Virchow's reports. The effect of suggestion on the subjective symptoms in patients could not be better illustrated than in the recent era of Koch's treatment. At first it was rare to find a patient subjected to the cure who did not feel better at least in some way after the injections; but after Virchow's publication, which has been widely circulated by the lay press, the majority of patients in the General Hospital commenced to complain of different new subjective troubles which were ascribed by them to the action of the liquid, and there were frequently cases where the patients, formerly highly enthusiastic, declined to be treated further by Koch's method. Certainly the General Hospital, with its constant pressure of space, has not been a suitable place for such an extensive trial as has been made here at the clinics, where about 30 per cent. of the beds were allotted to tuberculosis and lupus cases—that is, to cases which would not have applied for admission to hospital wards under ordinary circumstances.

It cannot be said that any case has been cured by the treatment, but it must be stated that improvement has taken place in some of the cases of surgical tuberculosis. New eruptions of lupus nodules have made their appearance in Professor Kaposi's improved cases. There is also a difficulty in the improved cases as very large doses

(5 centigrams and more) do not produce any reaction, and one does not know how far the dose of the injection can be raised. It is extremely difficult to say anything about the pulmonary cases. It seems that there are two different types. In one of them the temperature curve rises after every injection corresponding to the reaction, but returns to the previous level; while in the other the temperature curve does not return to its former level, and the patients remain feverish after the reaction has passed. The latter type is the less favorable for the treatment, and to it belong most of the fatal cases.

Not less difficult is the explanation of the anatomical facts, as the pathological changes occurring in the course of tuberculous disease have not been fully recognized till now, and there is no other disease which has been more neglected by pathologists on the Continent on account of its frequency. But in slight cases of laryngeal tuberculosis, where the changes could be observed clinically by the laryngoscope day by day, it could be stated that the injections of "Kochin" caused the rapid and extensive appearance of new ulcerations, sometimes of highly destructive tendency, and at the last meeting of the Medicinisches Doctor-encollegium a case was shown where the ulcerative process occurring after the injections was an extensive one, which has never been observed by any of the Viennese professors. These observations seem to corroborate Virchow's statement that a dissemination of the tuberculous virus takes place in the body due to the injection. Referring to the diagnostic value of the fluid, it has been reported already to *The Lancet* that it produced local and general reaction in cases of leprosy, actinomycosis and fever (with small doses, one to two milligrams) in apparently healthy persons. The explanation of the action of his liquid given by Koch in his recent publication was also not believed to be satisfactory in medical circles here. It seems to me that the specific action of the liquid must correspond to a specific chemical substance contained in the mesoblastic tissues under certain pathological conditions—e. g., tuberculosis, lupus, lepra, actinomycosis—and Koch's discovery will certainly stimulate the hitherto neglected study of pathological chemistry. At present we know only a single chemical substance peculiar to tuberculosis—viz., cellulose, or at least a substance exhibiting all the

reactions peculiar to cellulose, which was discovered some years ago in the blood and in the tissues of tuberculous cases by Dr. Freund, of Vienna. This discovery, reported in *The Lancet* of 1887, confirmed later by Dr. Kabrhel, of Prague, and which is also highly interesting from the naturalist's standpoint, did not receive much attention.

### Treatment of Painful Menstruation.

Dr. E. H. Champneys, at the conclusion of several lectures on painful menstruation, writes as follows of the treatment of this condition in the *Lancet*, Dec. 27, 1890: It will be impossible to do more than indicate principles of treatment. These comprise treatment between and during the periods. In the first place comes the question of general mode of life. Generally speaking, this should not be too sedentary. Plenty of healthy exercise, and especially riding, will promote the circulation through the pelvis, and give the generative organs a better chance of developing. In the same connection must be mentioned the maintenance of the regular action of the bowels by laxatives, and particularly salines. This has the same purpose: to avoid stagnation of blood in the pelvis. It is probable that of all drugs in the treatment of chronic pelvic disorders, Epsom salts are the most valuable. Indeed, with constipation, none of this class improve, even if treated by the newest alkaloids. The diet should be simple and wholesome; in fact the patient should go into a sort of gentle training. During the pain most patients are better at rest, or even in bed; but some find their pain relieved by exercise, even unusually active. Pessaries (except the Hodge's pessary in a few cases of descent with retroflexion, and except the stem pessaries) he believes to be absolutely useless. The stem pessaries are not always useless, but are dangerous, and should not be used. Incision of the os externum is useless; incision of the os internum is not always useless, but is highly dangerous. Among drugs, guaiacum, with or without sulphur, is sometimes useful, taken regularly in milk as a powder, or as a confection. Castoreum sometimes abolishes the spasm completely.

Dr. Champneys has known cases treated by nearly, if not quite, all the usual drugs unsuccessfully, get well suddenly as soon as castoreum was given. It is best given

in the form of tincture, from twenty to thirty drops three or four times daily during the pain, with or without a few drops of tincture of nux vomica. A hot foot bath, and a good glass of hot gin-and-water at bedtime, at the beginning of the pain, is an old and valuable remedy. It probably acts by relaxing the vaso-motor and muscular spasm. The gin should be given once a month only. Ergot is sometimes useful by causing tonic contraction, and stopping what Reil would call the irregular, fibrillar, streaky, non-peristaltic uterine contractions. Dilatation is the last resort. It is generally contra-indicated in the presence of inflammatory signs in the pelvis, even if old. It must be carried out with all antiseptic precautions, and is not, in his opinion, so trivial a proceeding as to be safely done in the consulting-room. The pain also is often agonizing, and is far greater than that caused by some operations for which anaesthetics are habitually given. For these reasons he prefers to perform dilatation at one sitting under anaesthesia, and with full antiseptic precautions, after ascertaining that the genuine dysmenorrhoeal pain is evoked by dilatations of the os internum, a point which greatly improves the prognosis. Nothing can be promised, for dilatation may give temporary relief, permanent relief, or no relief at all. Still, considering the slight risk, he uses it rather freely, for there are cases which seem most unpromising, and yet are cured by it. He speaks of one such case; "a patient who had suffered for years, had had many treatments, including division of the cervix, which was followed by perimetritis, completely matting the posterior part of the pelvis. The pain was not only menstrual, but almost continuous. Her medical man in the west of England sent her to me to see what I could do for her. In spite of the very unfavorable conditions I dilated her cervix, and she lost from that time both menstrual and inter-menstrual pain. Her medical man wrote to me some time later to suggest that as she was so much better he might dilate the cervix again. I advised him to let well alone, and he took my advice."

The best time to dilate the cervix is about midway between the periods. Hegar's dilators do very well, or we can use the metallic bougies. The dilatation should not be pressed when great resistance is felt, or the cervix may be lacerated, even with fatal result. The object is not to enlarge, but to stretch the canal. But this stretching is gen-



erally not satisfactory unless the largest bogie varies from the size of a cedar pencil to that of the tip of the little finger. Two or three-bladed dilators are bad instruments; they stretch the canal unequally, and are liable to tear it. They are out of fashion in England, though not apparently in America and on the Continent.

### Mammary Abscess in the Virgin.

Dr. Jule E. Marcus, of Cincinnati, gives in the *Cincinnati Lancet-Clinic*, January 17, 1891, an interesting account of a case of abscess of the breast in a young girl.

Cases of mastitis in the young, he says, are not altogether uncommon, as histories of cases are related, though in limited numbers, by various English, German and French authorities, in connection with the general subject of breast-diseases of an inflammatory character. It is, however, a rare event for the mamma during the period of its development to go on to suppuration, though frequently subject to temporary sensations of pain, irritability and tenderness from various causes. Dr. Marcus has had, in a fairly extended practice, but this one case. The patient was seventeen years of age, a well matured, hearty appearing girl, who prided herself on never being sick. Her menstrual period arrived with her fourteenth year, and was always correct as to time and quantity. Her only illness previous to this abscess was an oedema of the left knee, in connection with fleeting pains in the ankle and shoulder of the same side, occurring during the last spring. She was placed on the usual anti-rheumatic remedies, with the result that in ten days she was quite well, and able to take her place at her desk as stenographer.

In June she had a painful condition of the chest on the left side, locating the trouble over the sternum, and beneath the breast and under the arm. It had only been within the past two or three weeks that she has become fully conscious to the fact that there was an irregular painful condition, constantly becoming more persistent, and claiming her attention.

The only symptom was pain of lancinating character, shooting from behind the breast, back to the muscles of the shoulder-blade, and extending downward in the side. There was no fever, no malaise; the girl had no cough, nor difficulty of breathing,

and Dr. Marcus presumed there was another exhibition of her rheumatic trouble, and prescribed accordingly. She took salicylate of soda, hydriodic acid, etc., etc., but no marked improvement followed. Dr. Marcus examined the breast carefully, with no suspicion, however, of an inflammatory trouble being present, but could find nothing to explain the persistent pain, that was not varying in character, and was her only complaint. The girl began losing rest at night, but had no acute or excessive attacks of pain; never complained of throbbing or beating that would have led him to think an abscess was forming. Dr. Marcus again made a careful examination, but found no local visible signs, certainly no lymphatic enlargement in the region, and was therefore surprised when in the space of twenty-four hours a rapidly developed inflammatory action set in. Diffused redness, swelling, tenderness over the entire breast and neighboring muscles were present.

Dr. Marcus anticipated deep-seated trouble, and aspirated, drawing some matter and settling the diagnosis of a deep-seated, intra-glandular abscess of the mamma, chronic in character, and of long, slow development. On opening the lobes with a curved bistoury, cutting from the areola downward, with a deep, free incision, two teacupfuls of pus escaped. At the end of two weeks there remained a fistulous track.

Some weeks following, the breast again swelled, became tense and red, and intensely painful. In consultation with Dr. Ransohoff, the patient was anesthetized, and the breast well opened. All the lower lobes were honeycombed with abscesses, with deep sacs over the pectoralis-major muscle. The gland was thoroughly scraped, and the abscesses broken up, drainage-tubes inserted, and iodoform gauze dressing applied, and the case did nicely, with such local and constitutional attention as is usually given to surgical cases.

Nothing remained at the end of the third week but some disfigurement of the gland.

Chronic abscess of the breast of the young is probably more influenced by catamenial disturbance than any other source. The gland at the period of puberty is in sympathy with the menses in a greater state of functional activity than at any time excepting the early period of lactation. Any unusual interference with the structural changes of the breast at this period would be apt to produce inflammatory action—not

frequently going on to suppuration, however. At the period of full development of the breast after the menstruation has been fully established, these gland inflammations are said to be of most common occurrence, and the slow developing chronic abscesses of more frequent occurrence than the acute. Cases of abscesses in both mammae in a virgin are cited, establishing a pathological cause; where a traumatic origin would most likely suggest itself if only the one breast were involved.

In a brief review of the literature on the subject, Dr. Marcus found reference made by various authorities to cases of mastitis occurring in young subjects of both sexes. Velpeau relates histories of three cases not especially interesting. Bressler relates a most interesting case of pyemia and death from breast abscess in a young female child. Following the abscesses in both glands, others developed in different parts of the body, and the child died of pyemic poisoning. Thomas Bryant relates histories of three cases of mastitis in virgins; all interesting, and in two cases recurrent abscesses developed after the lapse of considerable interval of time. In none of the recorded cases coming under my notice was a traumatic origin assigned, excepting Bressler's. In that case, squeezing the breast to produce a flow of milk was the accepted cause for the original inflammatory action in the breast; and he makes a point of calling attention to the fact that such a practice of working the breasts in young infants is common in the lying-in room, and may at any time be productive of harmful effects in the infant. Such a practice can only be deplored, and quite forcibly shows how necessarily attentive must be the practitioner to even the smallest details regarding the welfare of his patient in the sick-room.

Billroth says, in his treatise on the *Diseases of the Female Breasts*: "Inflammation, with formation of abscess after puberty, and unconnected with pregnancy, are very rare. The course is more tedious than in puerperal mastitis. Of the seven cases that have come under my notice, five suppurated, and two underwent resolution."

#### Artesian Wells in Iowa.

The *Engineering Record*, January 31, says that the director of the Iowa Crop and Weather Service, seems, from a recent article in the *Iowa State Register*, to have under-

taken quite an important work in the direction of developing the subterranean water supplies of the State. It is probable that water can be obtained from artesian wells in nearly all parts of the State. But, as sinking such wells is an expensive operation, and, if done hap-hazard, may be barren of results, it is proposed to have made, with the assistance of a geologist, Prof. R. Ellsworth Call, a systematic geological examination of the whole State, so as to determine the localities in which desirable water-bearing strata would be found at moderate depths, making wells sunk therein reasonably sure of being successful. Director Sage hopes, in time, to be able to map in this way all such areas of artesian probability, for the benefit of farmers and others interested in obtaining water supplies.

To assist in this work circulars have also been sent out for the purpose of obtaining existing information relative to artesian wells already sunk, such as character of strata penetrated and especially of that in which the water was found, dip of strata, temperature and quality of water, amount of flow, etc., and also a record of unsuccessful wells.

This project, if pursued intelligently and thoroughly, must give results of great value to the citizens of the State.

#### Cancer of Bartholinian Gland.

At a recent meeting of the St. Petersburg Obstetrical and Gynecological Society, Dr. I. A. Woff has related an exceedingly rare instance of a solid new growth developing in a Bartholinian gland. A married woman, aged 42, who had been regularly menstruating since her fifteenth year, and had a labor at full term and two abortions, received a contusion of her left labium majus. Shortly afterwards she noticed at the spot a lump of the size of a pea, which began to gradually increase. On admission to Prof. K. F. Slaviansky's clinic, the patient had a tumor of the size of a goose's egg, involving the posterior part of the labium majus and an adjacent portion of the labium minus. On the inner surface of the former there was present an orifice, from which a dirty-looking fluid was oozing out. The new growth was excised together with portions of the labia. A microscopical examination revealed that the tumor was an adenoid cancer (*adenocarcinoma*) of the Bartholinian gland.

During a discussion following Dr. Woff's

communication, Dr. Voskresensky said that he had also seen a case of a solid new growth of the gland. In 1887 a woman of 62 years had consulted him on account of indolent movable dense tumor. The latter had been excised fairly easily and proved to be of a fibroid structure. Two years later the patient returned with another tumor, which had developed in the same situation, but this time appeared to be of a malignant nature. On this occasion the excision was very difficult, being accompanied with an "enormous hemorrhage." Prof. A. I. Krassowski, the illustrious obstetrician and gynecologist, emphasized that solid new growth of the Bartholinian glands were extremely rare, while cysts and abscesses were fairly common. Personally, he had not come across a single case of the former kind. The speaker added that in his hands excision of Bartholinian cysts was invariably accompanied by a severe hemorrhage.—*Vratch*, No. 49, 1890, p. 1127.

#### Treatment of Paroxysmal Nerve Disorders.

In the *Practitioner*, January, 1891, Dr. Frederick Pearse has a short article on the treatment of paroxysmal nerve disorders, including in this class asthma, migraine and epilepsy. Dr. Pearse has great confidence in the efficacy of belladonna juice and chloral. In asthma he gives fifteen to twenty minims of the juice, with ten grains of chloral, every four hours, during an attack. To break up the habit, he gives the chloral and belladonna night and morning, or every night. He seeks to prevent attacks of migraine in much the same way, sometimes giving the chloral and belladonna every night for a few days before an expected paroxysm. Antipyrin, in large doses, he says is the most serviceable for the paroxysms of pain in migraine. Most persons, however, find small doses effective.

In the treatment of epilepsy, he has found chloral and belladonna useful to assist the bromides, and he mentions borax in thirty-grain doses with apparent approval.

#### Case of Ancephalia.

Dr. O. V. Léonova, a medical woman of Moscow, communicates a remarkable case of an ancephalous monster, which was born alive (at full term) and survived for about seventeen hours (so that the parents had had

enough time to baptize it). On the *post-mortem* examination (under Prof. D. N. Zernoff's guidance), the brain proved to be entirely absent, while the spinal cord terminated in the shape of a knot, which was adherent to a layer of cicatricial tissue, stretched horizontally across the base of the skull and representing the cranial vault. The said knot was found to constitute a rudimentary lower end of the medulla oblongata, consisting almost totally of white matter. The bulbar gray substance was represented by a single nucleus—namely, by that of the *nervus hypo-glossus*. In other words, the infant had been able to live for nearly a score of hours in spite of a complete absence of the respiratory centre.—*Transactions of the Moscow University Physico-Medical Society*, Nos. 3 and 4, 1890, p. 89.

#### Poison Glands of Toads and Salamanders.

*Science*, January 23, 1891, says that a microscopical study by Herr Schultz, of the skin of toads and salamanders, has yielded some interesting results. As stated in *Nature*, there are two kinds of glands,—mucous and poison glands. The former are numerous over the whole body; while the latter are on the back of body and limbs, and there are groups in the ear-region behind the eye, and in the salamander at the angle of the jaw. The mucous glands are spherical, have a clear, glassy appearance, and contain mucous cells and mucus: the poison glands, which are in regular strips on the salamander, are oval, much larger, and have a dark, granular look, from strongly refractive drops of poison, a good re-agent for which is copper-hematoxylin. The poisonous elements are from epithelial cells lining the glands. The mucous glands are for moistening the skin; and the liquid has no special smell, nor a bitter or acid taste. The poison glands are, of course, protective; and the corrosive juice is discharged differently in toads and salamanders, on stimulating electrically. In the latter it is spirted out in a fine jet, sometimes more than a foot in length; whereas in the toad, after longer action of the current, it exudes sparingly in drops. The physiological action of the poison has lately been studied by some Frenchmen. There is no reason, according to Herr Schultz, for supposing that the mucous glands sometimes become poisonous.



# THE MEDICAL AND SURGICAL REPORTER.

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CHARLES W. DULLES, M.D.,  
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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

## NEUROSES OF THE GENITO-URINARY APPARATUS.

At a recent meeting of the Chicago Academy of Medicine, Dr. G. Frank Lydston made an address in regard to genito-urinary neuroses, in which he very properly limited the term to cases of purely functional derangement of the genito-urinary organs dependent upon pathological conditions of neighboring organs and conditions—probably of a spasmodic character—immediately dependent upon organic lesions of some portion of the genito-urinary tract itself. There are few morbid conditions of a functional character, which are so trying to the patient or so embarrassing to the surgeon, and in the experience of physicians it is found that they are apt to be more often consulted regarding these functional nervous derangements than for the actual diseases upon which they depend. In view of

the vast amount of labor and talent that has been devoted to the study of the reflex neuroses of women incidental to pathological conditions of the uterus and its adnexa, it is, as Dr. Lydston said, surprising that more attention has not been given to analogous conditions in the male, due to disturbances of the generative organs, and especially of the urethra.

Taking as the point of departure the prostate, there will be found a close similarity between some of the morbid states affecting it and certain pathological conditions of the uterus. Anatomically and physiologically the prostate strongly resembles the uterus. The tendency of its muscular tissue to undergo degeneration, and to form fibro-myomatous growths is strikingly like that observed in the case of the uterus. It will be found that certain remedies which have a marked action upon the unstriated muscular fiber of the uterus have a somewhat similar action upon the prostate, this being especially true of the ergots of rye and corn and hamamelis. Certain sedative remedies have a special controlling effect upon irritative affections of the uterus, ovaries and prostate alike. Carrying the argument a little further, it will be found that certain irritations of the prostate produce effects very like that induced by uterovarian irritation in women. False spermatorrhoea—spermatophobia—pseudo-impotency, involving disgust for the sexual act, melancholia, hypochondria, neuralgias whether of contiguous or remote nervous filaments and nervous inhibition, amounting almost to complete paralysis, are all possible results of urethral or prostatic irritation, and these conditions are all represented by very similar disturbances, such as hysteria and its congeners in the female, due to morbid conditions of the generative organs.

One of the interesting features of stricture of the urethra is the ensemble of symptoms of a nervous character that is so often seen, these neuroses being often entirely disproportionate to the degree of organic trouble.

present. Cephalagia, neuralgia in various localities, particularly sciatica, lumbar and intercostal neuralgia, are quite common, but are probably regarded by both physician and patient as coincidences rather than as bearing any consequential relation to the stricture. Associated with these symptoms are others, quite as prominent in some cases, of a purely mental character, such as melancholia, disturbed sleep, hypochondria, incapacity for intellectual effort and deterioration of business capacity, perhaps associated with great irritability of temper. Disturbed digestion and general impairment of nutrition are quite constant. That these various abnormal conditions depend upon the stricture, Dr. Lydston said, is never appreciated fully until that organic disease is cured, when the complete restoration to health demonstrates their true relation to the primary source of irritation. Some cases of gleet are associated with considerable mental depression, which is commonly ascribed to the moral effect and the supposed drain upon the system. This lack of mental equilibrium may arise from reflex irritation through the sympathetic system, which is so closely allied with the functions and nutrition of the sexual organs. Morbid conditions of the urethra not only cause reflex neuroses in other portions of the body, but they are frequently the reflex result of disease of contiguous strictures. Thus Dr. Lydston has noted cases of spasmodic stricture depend upon hernia and varicocele, and Dr. Otis has described some very interesting cases of chronic spasmodic stricture of reflex origin. Operations about the anus are frequently followed by spasmodic stricture and consequent urinary retention and morbid conditions of the interior portion of the urethra often cause reflex disturbances of the deeper portion of the canal or indeed of the bladder. This is very familiar in connection with the results of contraction of the meatus.

These remarks of Dr. Lydston, who has made a special study of the subject of which

he speaks, may well attract attention. In one sense it can hardly be said that the remote effects of disturbances of the genito-urinary apparatus have been neglected, for many quacks have dwelt upon them too much to their own advantage. But it is true that the nervous derangements due to disturbances or disease of the genito-urinary apparatus of men have not been studied as thoroughly and as systematically as their congeners in women have been, and it may be well to have this point impressed upon physicians, so that some of the zeal now perhaps needlessly spent upon the genitalia of women may be directed to recognizing and curing the ailments of the sterner sex.

#### TRANSPERITONEAL HYSTERORRHAPHY.

From time to time the various methods for permanently anteverting the retro-displaced uterus have been commented upon in the REPORTER. Dr. Florian Krug, of New York, has proposed a new method of ventro-fixation of the uterus without opening the peritoneal cavity. His method is applicable only to cases of obstinate, movable, backward displacements of the uterus, which have not proven amenable to other treatment. The technique is as follows: The patient is put in Trendelenburg's position, the usual preparations for an abdominal section having been made. An assistant now seizes the anterior lip of the cervix with a tenaculum, and inserts a sound into the uterus, and a catheter into the bladder; and brings the uterus forward, by gentle efforts, against the abdominal wall. A small incision is now made through the linea alba down to the peritoneum, at the point which is selected for the attachment of the uterus. The finger inserted into the wound can locate the fundus, and also the bladder, when the sound and the catheter are alternately pushed upon. A special needle is now passed through the abdominal wall into the peritoneal cavity, and is made to de-

nude about one square inch on the anterior surface of the uterus, the needle then being passed through the body of the uterus and made to emerge at a place opposite to the point of entrance. It is now threaded with silkworm gut and withdrawn. The suture is now tied, and usually suffices to close the wound. From five to eight minutes are required for the operation. Dr. Krug has operated upon six patients with good results.

The test of the value of any operative procedure is the results to be obtained by its use. At the same time, the writer does not believe that the procedure proposed by Dr. Krug has a wide field of usefulness. Many retro-displacements of the uterus, in which the uterus is freely movable, give rise to no symptoms, and require no treatment. Most cases which cause suffering are curable by the proper use of tampons and a pessary, and it is only the small remainder for which the operation is recommended. In these cases the operation comes in competition with Alexander's operation, with hysterorrhaphy done without incising the abdominal wall (Kelly), and with hysterorrhaphy preceded by abdominal section (Olshausen, Kelly). It is difficult to see how that this method gives a better fixation than is obtained by ventro-fixation without incision of the abdominal wall, and the writer is aware of no case in which permanent fixation has been secured by this method. The subsequent behavior of these six cases will be awaited with interest, for if the fixation prove permanent, Dr. Krug will prove a benefactor, as providing an easy method of curing certain obstinate, backward displacements of the uterus.

#### NASHVILLE JOURNAL OF MEDICINE.

The *Nashville Journal of Medicine and Surgery* opens the new year with a new and very much improved form, and we hope will enter a new era of success.

## BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

### ESSENTIALS OF PRACTICE OF MEDICINE.

Arranged in the form of questions and answers. Prepared especially for students of medicine. By HENRY MORRIS, M. D., Late Demonstrator, Jefferson Medical College, etc. With a very complete Appendix on the Examination of Urine. By LAWRENCE WOLFF, M. D., Demonstrator of Chemistry, Jefferson Medical College. Small 8vo, pp. xv, 426. Philadelphia: W. B. Saunders, 1890. Price, \$1.00.

This volume includes *The Essentials of Practice*, by Dr. Morris, and *The Essentials of the Examination of Urine*, by Dr. Wolff, which have heretofore appeared as separate parts, forming Nos. 8 and 9 of Saunders' series of compends. The plan of these books is too well known to warrant discussion, and the necessarily brief manner in which diseases are handled almost disarms criticism. In looking over the book, however, several improvements have been suggested. For example, in speaking of ordinary facial erysipelas, Dr. Morris would have done well to make it clear that sore throat and swelling of the cervical and sub-maxillary glands generally precede an attack, and that a relapse is liable to occur as long as the throat and nasal passages remain in an unhealthy condition. Under typhilitis and peri-typhilitis, also, the author should have stated that these affections are really, in the great majority of cases at least, attacks of appendicitis. Again, he is in error when he says that the urine of chronic parenchymatous nephritis is "scanty, high-colored and of high specific gravity." It may be diminished in quantity, but it is not scanty or high-colored, and the specific gravity is lower, instead of higher, than normal. The author makes substantially the same statement regarding the urine of acute parenchymatous nephritis, of which disease, of course, it is true.

Dr. Wolff's portion of the book has been reviewed recently in the REPORTER, so that no special mention need be made of it now.

In spite of the defects which we have noted, the book is a good one, and it will prove very helpful to students preparing for examination.

A TEXT-BOOK OF MATERIA MEDICA, PHARMACOLOGY AND SPECIAL THERAPEUTICS, with many new remedies of late introduction. By I. J. M. Goss, A. M., M. D., Professor of the Practice of Medicine in the College of Eclectic Medicine and Surgery, Atlanta, Ga., etc. Second edition. Revised by the author. 8vo, pp. xlviii, 586. Chicago: W. T. Keener, 1889. Price, \$5.00.

This is a book on materia medica and therapeutics written by an eclectic for eclectics, as its rather long title indicates. Theoretically, eclecticism, that is to say, the method of one who picks and chooses what he believes to be best, without following any leader or theory, is the method adopted by every intelligent practitioner of medicine; practically, however, those who adopt the title eclectic have a theory as to the action of medicines, and, as might be expected, it is as false as that which forms the basis of homoeopathy or allopathy. The theory of eclecticism, as stated by Dr. Goss, is: "That when medicines are introduced into the system they are digested, and being absorbed and circulated through the system, they have, *per se*, an affinity for certain parts of the organization (*sic*) upon which they have a specific action, and are then elim-



inated." It would appear from this definition that the real eclectic is the remedy, which selects the part upon which to act, and not the prescriber, who chooses the remedy.

The usual assertions are made about medical science advancing fast, and that "ere long 'pathys' and 'isms' will no longer clog the wheels of advancement." We could wish that knowledge had traveled so far that even Dr. Goss would know that no intelligent man believes in the theory which the term "allopathy" expresses, and that no school teaches it.

As to the arrangement of the book, nothing need be said, except that it is unscientific. It is, nevertheless, of considerable value as a work on therapeutics, for most, if not all, of the standard remedies are considered fairly, with many new ones. Of the value of the latter one cannot judge from Dr. Goss's statements alone, because he is too prone to speak dogmatically. They may, however, be very valuable, and Dr. Goss has done a real service in calling attention to them. The chief fault of the book is the fact that the impression left upon the reader is that diseases are groups of symptoms instead of processes, having definite causes, courses and results. One who followed Dr. Goss's teachings might become an excellent dispenser of drugs, and might give great relief to his patients; but he never could become a physician. One cannot help suspecting, also, that Dr. Goss praises many of his remedies unduly, and that the effects which are asserted to follow their use will by no means surely follow when the remedies are used by others. Of this charge, however, Ringer and others who ought to know better are equally guilty.

## CORRESPONDENCE.

### Antipyrin in Puerperal Fever.

TO THE EDITOR.

Sir: I was somewhat surprised to read in the REPORTER for June 31, the following, in an article quoted from the *Lancet*. "Dr. McBeath has never noticed in any publication that antipyrine has been used with success in puerperal fever." Not to go any further, I may say that as long ago as 1887, I used antipyrin in a bad case of "puerperal fever" in twenty-grain doses—smaller quantities having proved ineffectual—with benefit, so far as reducing a high temperature ( $105^{\circ}+$ ), and quieting delirium and restlessness were concerned. That case and others were reported in the REPORTER during that year, I think. I have learned to esteem antipyrin highly in all diseases characterized by restlessness, delirium and high temperature, and have not observed any bad effects, perhaps for the reason that I invariably accompany or follow it with either an alcoholic or aromatic spirits of ammonia. Nevertheless, I do not believe it exerts any specific action in puerperal fever. From what I have seen of this disease, I believe

that the treatment having most to commend it is that based on what is assumed when it is spoken of as puerperal septicemia, and that the good effects obtained by antipyrin may likewise be obtained by phenacetin or antifebrin.

Yours truly,

STANLEY M. WARD, M. D.

Scranton, Pa.

### Medical Examiners' Bill in Pennsylvania.

TO THE EDITOR.

Sir: Canada and eighteen of our own States have passed laws establishing "examining boards" as proposed by the "Riter" bill, now before the Legislature of Pennsylvania, and in consequence the States not so protected are receiving more than their quota of piebald doctors.

The public in this State are protected by Inspectors of Weights and Measures from dishonest tradesmen, and druggists are compelled to qualify before a State Board of Examiners, and why should they not be protected from incompetent physicians? As the law now stands, no evidence of medical knowledge is required before engaging in the practice of medicine. The most ignorant has only to make an affidavit that he has been in practice for ten years to become a registered physician, even though he has to make his mark, because he cannot write his name.

The medical college with hospital attachment has become, of late, one of the money-making industries of the country, with unlimited capacity, free raw material, and the motive power supplied and the running expenses shared by the public by means of the "charity act," by appeals for aid for the hospital.

By the terms of the "Riter" bill, all desiring to practice medicine must pass a satisfactory examination before duly-appointed medical examiners for the State, irrespective of schools or systems. The eclectic is left free to make his own selections; the electropath can still perform miracles with a fifteen-dollar battery; the hydropath can drown every known disease in water; the faith curer and magnetic healer can pray and magnetize to his heart's content; the homœopath can still administer his preparations of the matter from small-pox sores, or the itch pustules of the negro, his solutions or powders of bed-bugs or cock-roaches, of

the acarus found under the wing of the Philadelphia house-fly, of tarantulas, snakes, red ants, spiders, potato-bugs, plant-lice, snails, wood-lice, skunks, wasps, lizards, toads, vipers, or guano, or of the excreta of the whale, etc.—all of which will be found in the list of *materia medica* contained in the *American Homœopathic Pharmacopœia*, Boericke & Tafel, 1883.

All former legislation on this subject has been effectually frustrated by the above schools, especially the homœopaths, who have been most bitter against any law which would compel them to undergo an open and public examination of their fitness to practice medicine. Yet, notwithstanding the above fact, by posing as martyrs they succeeded in obtaining State aid to the amount of fifty thousand dollars last year, and are aiming to get at double the amount this year.

Many cases might be cited to demonstrate the necessity for the passage of the proposed bill, but the following will suffice:

An innocent, hard-working German, suffering from stone in the bladder, applied for treatment to a member of the Philadelphia County Medical Society. He had been under treatment for over a year, of a woman who sold bread from her shop in the morning and practiced medicine when not otherwise engaged. According to his statement, she gave him "yarb" teas to drink, pulled and manipulated his testicles, causing him intense pain; instructed him to urinate in pigs' bladders and to suspend them on a tree, and as these bladders rotted he would be relieved of his trouble, but should he ever again look at that tree his trouble would return. This not being successful, she instructed him to urinate on a broom, which would generate a current of electricity which would pass from the broom, through the stream, to his bladder, and thereby effect a cure. This woman was prosecuted by the Philadelphia County Medical Society, with a number of others, for practicing without being registered. She pleaded guilty in order to suppress the foregoing facts, which would have appeared at the trial, paid the fine imposed by the Court, then registered under the ten years' clause of the Registry Act, and, if still living, is one of Philadelphia's registered practicing physicians, with all the privileges of the most learned and skillful practitioners of the day.

If the homœopaths want the community to have such persons practicing, let them continue to oppose the Medical Examiners'

Bill—if they do not, let them support it, as the only measure proposed which would give the community a satisfactory method of compelling all who assume such responsibilities to attain a definite standard of education, and the only one which could not be evaded by medical colleges.

Yours truly,

J. H. LOPEZ, M. D.

Philadelphia.

## NOTES AND COMMENTS.

### Information about the Army Medical Department.

The Medical Department of the Army consists of one Surgeon-General with the rank of Brigadier-General; one Assistant Surgeon-General, one Chief Medical Purveyor and four Surgeons with the rank of Colonel; two Assistant Medical Purveyors and eight Surgeons with the rank of Lieutenant-Colonel; fifty Surgeons with the rank of Major; and one hundred and twenty-five Assistant Surgeons with the rank of First Lieutenant of Cavalry for the first five years of service, and of Captain of Cavalry subsequently until their promotion by seniority to a majority.

With the rank stated in each case the pay and emoluments of the rank are associated. The salary of each grade is a fixed annual sum, payable monthly; but at the end of each period of five years of service the annual sum representing the pay of the grade is increased by ten per cent. until forty per cent. is added. After twenty years of service the forty per cent. additional continues to be drawn, but the further increase of the pay by ten per cent. additions ceases, *i. e.*, an officer, although he may have served twenty-five or thirty or more years can, under existing laws, have no more than forty per cent. added to his pay proper by way of increase for length of service. The pay of a first lieutenant of cavalry, or of a medical officer during the first five years of his service is \$1,600 per year, or \$133.33 per month. At the expiration of his five years of service he becomes, by virtue of that fact, a captain, and his pay is that of a captain of cavalry, \$2,000 per year, increased by ten per cent. for his years of service, *viz.*, \$2,200 annually, or \$183.33 monthly. At the end of his tenth year of service this rate of pay is increased by the service-addition to

\$2,400 annually, or \$200 per month, and after five years more the service-addition makes his pay \$2,600 annually, or \$216.67 per month. If he continue in the rank of captain, at the end of twenty years of service his monthly pay becomes \$233.33; but about this time promotion to a majority is usually obtained, and a major's annual pay of \$2,500 with forty per cent. added, makes the monthly pay of the major and surgeon \$291.67. Subsequent promotion, investing the individual with the rank of lieutenant-colonel, colonel and brigadier-general, augments the monthly pay respectively to \$333.33, \$375.00 and \$458.33. Compulsory retirement at the age of sixty-four years increases the rapidity of promotion to the younger men; and when retirement is effected either by age, or by the accidents of service prior to reaching the retiring age, the rate of pay subsequently drawn is seventy-five per cent. of the total salary and increases of the rank held by the individual at the time of his retirement. Thus, a major retired for broken health after twenty years' service draws seventy-five per cent. of \$291.67 per month; a colonel retired for age, seventy-five per cent. of \$375.00. The medical officer has the right of selecting quarters in accordance with his rank, and when stationed in a city where there are no Government quarters, commutation money, intended to cover the expense of house rent, is paid to him. The Government provides forage and stable room for the horses of the medical officer, and when traveling under orders the expenses of transportation are paid by the Quartermaster's Department.

Among the privileges granted to medical, as to other officers of the Army, is that of leave of absence on full pay. The authorized leave amounts to thirty days annually. This leave is not forfeited if not taken during the year, but is credited to the officer, who may thus accumulate a continuous leave of four months on full pay. If he desires to be absent for a longer period than four months, and the permission is accorded him, he is reduced to half-pay for all time in excess of the four months or maximum of cumulated leaves of absence. Absence from duty on account of sickness does not affect the relations of the officer with the paymaster; he continues to draw full pay.

A commission in the Medical Department of the Army is an instrument which is good for life, premising conduct consistent with its retention on the part of its possessor;

but it involves no contract which binds the individual to service for any given number of years. On the contrary, should the medical officer find on experience that civil life has greater attractions for him than that of the Army, there is nothing to prevent him from at any time tendering the resignation of his commission.

A young medical officer on appointment is usually assigned to duty for a few months at some large post where there are other officers of his department, to afford him opportunity of becoming acquainted with the requirements of the Army Regulations and the routine duties of military life. After this he goes to some post west of the Mississippi river, where he serves a tour of duty of four years. An assignment in the east follows the leave of absence which is usually taken at this time; and in after years his stations are selected so as to give him a fair share of service at what may be called desirable posts as an offset to the time spent at less desirable stations.

Candidates for appointment to the Medical Corps should apply to the Secretary of War for an invitation to appear before the Army Medical Board of Examiners. The application should be in the handwriting of the applicant, should give the date and place of his birth and the place and State of which he is a permanent resident; it should be accompanied by certificates based on personal acquaintance from at least two persons of repute as to citizenship, character and moral habits. Candidates must be between twenty-one and twenty-eight years of age (without any exceptions), and graduates of a regular medical college, evidence of which, the diploma, must be submitted to the Board. The morals, habits, physical and mental qualifications and general aptitude for the service of each candidate will be subjects for careful investigation by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

The following is the general plan of the examination:

I. The physical examination will be rigid; and each candidate will, in addition, be required to certify "that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of any duty which may be required."

II. Oral and written examinations on subjects of preliminary education, general liter-



ature, and general science. The Board will satisfy itself by examination that each candidate possesses a thorough knowledge of the branches taught in the common schools, especially of English grammar, arithmetic and the history and geography of the United States. Any candidate found deficient in these branches will not be examined further. The examination on general science will include chemistry and natural philosophy, and that on literature will embrace English literature, Latin, and history, ancient and modern. Candidates claiming proficiency in other branches of knowledge, such as the higher mathematics, ancient and modern languages, etc., will be examined therein, and receive due credit for their special qualifications.

III. Oral and written examination on anatomy, physiology, surgery, practice of medicine, general pathology, obstetrics and diseases of women and children, medical jurisprudence and toxicology, materia medica, therapeutics, pharmacy and practical sanitation.

IV. Clinical examinations, medical and surgical, at a hospital, and the performance of surgical operations on the cadaver.

Due credit will be given for hospital training, and practical experience in surgery, practice of medicine and obstetrics.

The Board is authorized to deviate from this general plan whenever necessary, in such manner as it may deem best to secure the interests of the service.

The Board reports the merits of the candidates in the several branches of the examination, and their relative merit in the whole, according to which the approved candidates receive appointments to existing vacancies, or to vacancies which may occur within two years thereafter. *At the present time there are five vacancies to be filled.*

An applicant failing in one examination may be allowed a second after one year, but not a third.

No allowance is made for the expenses of persons undergoing examination, but those who are approved and receive appointments are entitled to transportation in obeying their first order assigning them to duty.

#### Politics and Pension Examiners.

In an editorial, the *Indiana Medical Journal*, February, 1891, speaks as follows in regard to a recent appointment by the President.

The *Journal* is not a partisan paper, but occasionally politics trends so closely upon the interests of the profession and the welfare of the sick, that our readers will excuse us for entering a solemn and vigorous protest against the appointment by President Harrison of an incompetent negro, S. A. Elbert, said to be a physician, upon the Examining Board for Pensions in this city, displacing Dr. R. F. Stone, the ablest physician on the Board and a veteran Union soldier. This appointment is, to say the least, an outrage upon common decency, and an insult to every soldier residing in Indiana and every reputable physician of Marion county and the State.

If Elbert were a physician of eminence or marked ability in any department of medicine, there might be some word said, by the administration, in extenuation of the act reflecting upon the ability of no less than five ex-Union soldiers, now reputable physicians, who were applicants for position upon the Board at the beginning of this administration. But such is not the case. This negro does not approach mediocrity in medical attainments, and it is doubtful if he could give the origin and insertion of one muscle in the human body.

The appointment is an inexcusable, indefensible and disgraceful blunder. From among two hundred physicians of this city and county, many of whom are men of marked ability in the profession, the little General is unable to select one who can do honor to the place, himself, the appointing power, and the G. A. R., so he is constrained to select one of the two sable followers of Æsculapius. The purpose of the appointment is apparent to the most obtuse; yet it remains to be seen whether this appointee can wield a political influence which will overbalance that of the two hundred physicians of Indianapolis, the five thousand physicians of Indiana, and the thousands of veteran soldiers who are held in contempt by this administration, and compelled to submit their claims for pensions to the judgment of an incompetent negro doctor.

The various Boards of Examiners for Pensions were created by the government for the purpose of fairly adjusting the claims of wounded and diseased soldiers, and it was intended that they should be composed of the very best medical talent available, in order that justice might be done to both soldiers and the government. But it has remained for Benj. Harrison to not only vio-

late his pledge made to the soldiers, during and after the campaign of 1888, viz., that that section of the revised statutes making it obligatory—other things being equal—to appoint soldiers to places of remuneration under the government in preference to civilians, should be enforced, but he has deliberately, with this promise still fresh upon his lips, prostituted the office of Pension Examiner to the basest political purposes, unmindful of his sacred obligations to the Union veterans and their interests, the claims of comradeship, and the sanctity of his oath of office.

We do not believe there lives a soldier in Indiana who is so lost to self-respect as to present himself before the Indianapolis Board, as now constituted, for examination; nor can the other members of the Board preserve their dignity, self-respect, and the respect of the profession in any other way than by resigning.

At the stated meeting of the Marion County Medical Society, January 20, there being forty members present, the following resolutions, presented by Dr. Frank Ferguson, were unanimously adopted:

*Resolved*, That the recent action of the President of the United States, in removing from the Board of Pension Examiners of Indianapolis an honored member of this Society and a veteran Union soldier, in order to give place to one who is not, and who never has affiliated with the profession, and who does not possess the necessary qualifications for the important trust thus committed to his hands, is a base and inexcusable prostitution of the office of Pension Examiner to partisan purposes and an insult to every reputable physician in this city and State.

*Resolved*, That the Secretary is instructed to forward a copy of these resolutions to the President of the United States and to the daily papers of this city.

[It would be pleasant to know that there was some better reason for the President's action in this matter than that which our contemporary's remarks indicate—or that the President had corrected his error.]

#### Statement by Tait Corrected.

Sir Spencer Wells writes to the *Lancet*, January 31, to correct an assertion made by Mr. Lawson Tait, and seems to do so pretty effectually. He says that at the meeting of the British Gynecological Society, Decem-

ber 12, 1888, Mr. Lawson Tait said "he had a specimen to show which bore very much upon what had just been said; he showed the appendages from a lady, thirty-nine years of age, with a very remarkable history. She had been married at the age of seventeen or eighteen, and had two children within twenty months of her marriage. Soon after her second confinement she contracted gonorrhoea from her husband, and she had never known what it was to be well since. She had led a life of single misery for several years. Then she married again, but her health did not improve, and she never became pregnant by her second husband, so that ever since nineteen or twenty she had been absolutely sterile. During the last seven years she had been the patient of a distinguished gynecological baronet, who had, however, failed to relieve her. Ultimately she had been referred to him and he had operated. She had double pyo-salpinx of old standing, and it was very difficult to say which was tube and which was ovary. There were abscesses in both ovaries, and if he had attempted to tap them from the vagina, he would have been obliged to tap several cavities. Instead of doing anything of the kind, he opened the abdomen a month since, and the patient was now practically cured. A case like that was worth a dozen hypothetical imaginations. There was a woman who had been an invalid for years, who could have been relieved at any time, who had been under the care of all the well-known specialists of London, many of whom had declared that there was nothing the matter."

In the letter published in the *Lancet*, January 24, Tait adds that if anybody is answerable for this failure "it is Sir Spencer Wells, who, during seven long years, treated this poor woman uselessly by pessaries, etc." And he adds that the case is "not a failure," . . . the patient is "absolutely cured, for I have the diseased parts in a bottle."

Sir Spencer Wells says: "This lady is now in London. I have submitted the following questions to her, and I add her replies:

"1. During the seven years 1881-88, were you under my care, and did I fail to relieve you? *Reply*: I consulted you in 1879, after Dr. Palfrey had failed to do me any good. You operated on me in the summer of 1879; I was in good health after that until you again operated on me in 1880.

After that I enjoyed good health until 1887.

"2. Had you, before 1888, been 'an invalid for years,' or 'led a life of single misery for several years?' *Reply*: Except between my second confinement and 1879, I had been in good health.

"3. After your second confinement had you 'been absolutely sterile?' *Reply*: I had two children after my second confinement—one born dead, one lived two weeks and I had one miscarriage at three months.

"4. Have you been 'under the care of all the well-known specialists in London, many of whom declared that there was nothing the matter?' *Reply*: You are the only medical man I consulted in London between 1879 and 1888, and no one ever told me that there was nothing the matter.

"5. Did I treat you 'for seven long years by pessaries, etc.?' *Reply*: No, you never used a pessary; nor, after your second operation in 1880, treated me except for slight ailments, and that seldom. In 1887, while you were abroad, I was treated by Mr. Smith, of Brighton, after a carriage accident and was recovering when you returned.

"6. Remembering your state before and after the operation performed at Birmingham in November, 1888, has that operation proved to be, in your opinion, a 'practical cure' or a 'deplorable and disastrous failure?' *Reply*: A decided failure.

"I need only add to this the fact that the operation I performed in 1879, assisted by Mr. Thornton, was amputation of part of the elongated cervix uteri. Dr. Palfrey had repeatedly injected solution of perchloride of mercury into the substance of the cervix, and it was feared that the disease was papilloma or epithelioma. Examination proved that it was simple hypertrophy of the utricular glands, or adenoma. About a year after this amputation, the remains of the cervix showed some tendency to enlarge and proliferate, and I destroyed the left side by the actual cautery. For two or three days after this there was a good deal of pain and some fever, but they soon subsided, and until 1887—about seven years—the patient was as well as most people, and for several months after her second marriage, in February, 1888, remained in good health, riding, rowing and walking four or five miles without fatigue. Since the operation in November, 1888, she has been a confirmed invalid. The failure to the husband has been 'disastrous' in expenditure; to two devoted daughters in health

and anxiety from continuous nursing; to the patient 'deplorable' in more than two years' almost continuous suffering and shattered health. It is a very poor consolation to her to be assured that she is 'absolutely cured' because her 'diseased parts are in a bottle.'"

### Medical Examiner's Bill in Pennsylvania.

Under the head of Correspondence, the *New York Medical Times*, February, 1891, publishes the following, which is especially interesting as appearing in a journal long sailing under the homœopathic flag.

Medical legislation in Pennsylvania is in an unsettled condition. At the last meeting of the Legislature the Medical Examiners' bill was defeated through the active efforts of the New School. In anticipation of renewed efforts for its passage this year, the New School will offer a substitution measure entitled "An act to establish a State Board of Medical Education." This board is to consist of nine members to be selected equally from three lists of ten names submitted by the State medical societies "to the intent that the three systems of medicine, homœopathic, allopathic and eclectic, be equally represented thereon."

The duty of the board is to regulate the extent and character of the preliminary education to be required of all medical students; to fix the minimum curriculum of studies in medical colleges, provided that the course shall be not less than four years, which shall include three years of lectures. Each graduate of colleges as upon evidence of the dean, has conformed to the requirements of the board, shall receive a certificate entitling him to register in any county of the State.

Graduates of other colleges whose standing is approved by the board receive a similar certificate allowing them to practice, but if from colleges of a lower standing they must first pass an examination which shall apply to their preliminary education as well as medical knowledge.

Should the board discover after the passage of the act, that any medical college has granted the degree to any one deficient either in preliminary or final examination it shall proceed against such college for infringement of the law. The penalty for the first offense is a fine, and for a second offense a fine and the certificate withheld from future graduates except upon examination before the board. In conviction for a



third offense the charter of said college shall be annulled.

It is difficult to see what advantage this bill has over a fair Medical Examiners' bill. Both admit the principle of outside interference with the right of college faculties to decide who shall enter upon the practice of medicine. The Medical Education bill does this by prescribing the curriculum and then approving the work of colleges living up to it. The Medical Examiners' bill does it by requiring a final examination of all graduates before they shall be allowed to practice in the State. The latter method is the simpler one, and makes no discrimination in favor of medical colleges located in the State, and is similar to the methods adopted by the profession in other States.

It would be difficult for the Board of Medical Education to decide that other medical colleges in the United States were living up to its standards, because even in Pennsylvania, to make sure of this fact, part of section 6 provides that "the board shall delegate one or more of their number, who from time to time shall make an inspection of the methods of instruction employed and the facilities for teaching, in each such medical college and annually report the same to the board."

The New School bill, by removing the fear of another examination from all who graduate at colleges in the State, legislates for the colleges rather than for the profession at large, because they would attract more students by holding out as an inducement the freedom of practice in Pennsylvania to all their graduates, and it is very probable that a large number of the latter would enter the already overcrowded ranks of the profession in that State.

Let Pennsylvania pass a Medical Examiners' bill that is fair to the whole profession of that State, and when the remaining States have done likewise, then let us have a National Board which shall prescribe a uniform examination for all graduates in medicine (this was first suggested by Prof. Osler of Johns Hopkins), so that having passed the examination in Pennsylvania, the certificate of that examining board shall be accepted by every other State as granting the right to practice medicine.

#### State Board of Health.

At the quarterly meeting of the State Board of Health of Tennessee, January 6,

1891, the Secretary, Dr. J. Berrien Lindsley, read a report, in which he said that of the forty-four States forming the American union, thirty-four have created Boards of Health. These differ widely in their powers and functions and also in the means at their disposal for efficient work. Some are merely advisory bodies. Others have great executive power. Some are so niggardly endowed as to have only a nominal existence. Others are so munificently supported as to be seen and felt through beneficent work in every section of their field.

The older States of the Northeast first recognized the value of such agencies for promoting the public welfare. Among these Massachusetts and New Jersey are prominent, appropriating thousands annually for their support, and in addition printing for distribution among the people large editions of reports and circulars.

In no part of America have the objects of such Boards met with so great favor as in the new, wide-awake and rapidly advancing States of the Northwest. The great farming States, especially Michigan, Illinois and Minnesota, may be mentioned as illustrations. The volumes issued by the State Boards of Michigan and Illinois have given those States a national—even more, a European reputation. Michigan and Minnesota are also distinguished for the wonderful co-operation received from local Boards, which in each State number fifteen hundred or more.

In every instance where a State Board has been furnished with liberal means it has found favor with the people and has become a permanent and valued portion of the State machinery, second alone to its kindred branch of Public Education.

Tennessee has a Board of Health rather peculiar in its structure, capable of furnishing to the State great results at a minimum of cost, as has been tested more than once in its brief history.

It is in fact a collegiate body, composed of five medical experts, each proficient in his own department, and of two men eminent in railroad and mercantile circles. Each of these members is at the beck and call of the State whenever his services are needed, and at very moderate cost. In addition, the Secretary, who is not a member of the Board, is always ready on a moment's notice to visit any locality upon its order.

The ordinary work of the Board and the readiness for extraordinary occasions is

greatly facilitated by the publication of a monthly bulletin [from which the REPORTER makes this abstract] which is systematically circulated throughout the State, and likewise sent to public libraries, boards of health, and similar institutions in all the States as well as to a very large list of exchanges. The bound volumes take the place of annual reports, for which there has been no statistical material. This *Bulletin* is also the journal of the State Weather Service, an indispensable agency of all live States, which was about to perish five years ago, when this Board, recognizing the intimate connection of climatology with the work, saved its life.

Five and a half years' experience fully demonstrates the wisdom of this action. Practically, it has been copied by what is virtually the National Bureau of Health at Washington.

A prominent feature in the *Bulletin* is the publication of truthful vital statistics, without favor or partiality. Of course, with the incomplete and perhaps exaggerated returns from 1885 to 1890, errors were unavoidable. All statisticians understand this. From now on these statistics should be accurate and reliable. One marked result of the steady circulation of this information has been greatly increased confidence of life insurance companies in Tennessee as a field for their business. A signal instance of this is the erection in Memphis of a noble structure by one of the most noted companies in the world.

Not less noteworthy is the effect of this *Bulletin* in directing the attention of desirable emigrants to our State. One of the greatest treasures Tennessee can boast is its beneficent climate. Nowhere else has this life-giving wealth been so well displayed as in the sixty-six numbers of this monthly, steadily sent to those throughout the Union who understand its language and can appreciate its meaning.

#### Resorcin in Diphtheria.

One of the few of the numerous drugs introduced in recent years which has stood the test of time is resorcin, which has been chiefly used for skin complaints, but has also been found useful in whooping-cough. The *Lancet*, December 20, 1890, says that Dr. Andeer, of Munich, gives, in the *St. Petersburger Med. Wochenschrift*, 1890, a summary of its advantages in the treatment of diphtheria. He refers chiefly to French

authors. Leblond and Baudier have shown, in an exhaustive treatise, that in resorcin we have an antiseptic of the first rank; it exerts a destructive influence on micro-organisms, even in extremely dilute solutions, and in spite of the rapidity with which it is absorbed and again excreted from the body. Its easy solubility in all fluids, its rapid evaporation by heat, in addition to the completeness with which it mixes with the air, without any discomfort to the patient, render it suitable for the destruction of all pathogenic micro-organisms. Roux and Yersin have conclusively demonstrated that diphtheria only attacks open wounds, consequently all further injuries to the parts attacked ought to be carefully guarded against, so that all mechanical modes of removing the diphtheritic membranes are to be avoided, and the same may be said of the use of drugs for a like purpose. The latter are particularly dangerous on account of any excess which may fall on healthy tissues, so preparing fresh ground for the morbid process. Any antiseptics which may be used ought to have no injurious effects on the parts not attacked. Such an antiseptic is a 10 per cent. solution of resorcin in glycerine.

Several severe cases of diphtheria have been successfully treated in this way by Leblond, Baudier, Besnier, Thorens, and others. They advise that the solution should be applied by means of a brush every hour during the day and every two hours during the night; also that the air of the room should be kept saturated by means of a spray apparatus containing a watery 5 per cent. solution of resorcin.

The conclusions to which the authors named above have come are as follows:

1. When the larynx is not affected the disease usually disappears in from six to ten days.
2. If the treatment is adopted at the commencement of the attack, the formation of membrane is very slight, and the larynx generally escapes.
3. In advanced cases, if the glands are swollen, and plaques of membranes numerous over the back of the throat, after forty-eight hours' treatment by resorcin the swelling of the glands begins to subside, and the formation of any fresh membrane is prevented.
4. In all cases the general state of the patient remains satisfactory, the sustained appetite and clear voice proving that there is no serious constitutional affection.
5. If the larynx is attacked, resorcin is not so bene-

ficial; nevertheless, the drug may still be used advantageously by fumigation and atomization if there is sufficient space in the larynx to prevent asphyxia, or if tracheotomy is likely to prove of permanent relief.

#### Army Medical Board.

An Army Medical Board will be in session in New York City during April, 1891, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies, numbering now five.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before April 1, 1891, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character and moral habits. The candidate must be between 21 and 28 years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the Board.

Further information regarding the examinations may be obtained by addressing the Surgeon-General U. S. Army, Washington, D. C. C. Sutherland, Surgeon-General U. S. Army.

#### Quill Drainage-Tubes.

Dr. Otis K. Newell, Surgeon to the Out-patient Department of the Massachusetts General Hospital, Boston, says, in the *Medical Record*, February 7, 1891, that Dr. Beach has used for the past two years, at his clinic, drainage-tubes made from large-sized imported goose-quills, such as are used for making the finer grades of camel's-hair brushes. The quills are taken without cutting off the dermal end, and perforated at intervals with an ordinary round leather punch. As shown in a figure, a delicate and smooth probe-pointed tube is thus provided, presenting the maximum lumen and minimum thickness of wall. This tube is made from a natural dermal appendage and is absolutely unirritating. It can be readily

cut with scissors, and is not fragile like glass. It does not undergo any of the irritating chemical changes which are frequently seen where rubber tubes have remained for any length of time. These tubes are preserved in corrosive sublimate or carbolic acid solutions, and are easily sterilized.

#### Homœopaths Converted.

The *New York Medical Times* (a sort of homœopathic journal), in its issue for February 7, 1891, says: "Dr. Carroll Dunham, son of the late Carroll Dunham, M. D., for a long time Professor of Materia Medica, etc., in the New York Homœopathic Medical College, according to the *Medical Register* of the United States, is a graduate of the said homœopathic college of the year 1880, and of Bellevue Hospital Medical College of 1887, and is registered as a 'regular' physician residing at Irvington, N. Y. We are informed that Dr. E. K. Dunham, another son of the late Dr. Carroll Dunham, is also a 'regular' physician! We are told that several sons of the late Dr. Berens, a homœopathic physician of Philadelphia, are in the 'regular' school! The list could be extended! It certainly looks as if these gentlemen were not satisfied that homœopathic colleges in general teach the whole of medicine."

#### OBITUARY.

##### CHARLES WALTER, M. D.

On Thursday, February 12, 1891, Dr. Charles Walter died of pneumonia, after an illness of three days, at the premature age of twenty-five years. Dr. Walter was graduated from the Medical Department of the University of Pennsylvania, in 1888, and was elected one of the resident physicians to the Philadelphia Hospital, serving from August, 1888, until early in January, 1890, when he was elected permanent resident physician in the Insane Department, which position he held until the time of his death.

By his associates, to whom his untimely death will prove a severe blow, Dr. Walter was held in high esteem for his earnestness, his conscientiousness and his fidelity to duty.

But a few days ago, his assiduity was the means of saving a young life hovering at the point of death.